

Vendor Monitoring Form Kansas WIC Program

Date of visit _____ Vendor #: _____ Vendor Contact: _____
Name and Title

Vendor Name _____

Address _____
Street Address City State Zip Code

Phone # _____ County _____

Fax # _____ Number of front-end cash registers: _____

Reason for visit: ☐ Annual ☐ Complaint ☐ Random ☐ Other _____

Items Needed for Monitoring Visit:

☐ Vendor Monitoring Form ☐ Monitor Report (printed from KWIC)

☐ WIC Product Inventory Form

Local Agency: _____ Name of LA staff: _____

1. Procedures:

	<u>YES</u>	<u>NO</u>
Does the vendor know whom to contact in the event of problems or questions?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor know how to submit a complaint to the Local Agency?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor know how to submit a WIC check for reimbursement to the SA?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor know how to submit an Appeal for Reimbursement form to the SA?	<input type="checkbox"/>	<input type="checkbox"/>

2. Materials:

Does the vendor have the current Vendor Procedures Manual?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor have adequate copies of the WIC Approved Food List?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor have Request for Reimbursement forms?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor have a Kansas WIC logo posted at entrance?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor have adequate copies of the Quick-Glance Guide?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor have the correct authorized vendor stamp?	<input type="checkbox"/>	<input type="checkbox"/>
Does the vendor stamp produce a clear and legible impression?	<input type="checkbox"/>	<input type="checkbox"/>

3. Checks and Cash Register Receipts:

Does the vendor have WIC checks to review?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, complete Check and Receipt Review (back side of this form)		
Does the vendor have cash register receipts to review?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, complete Check and Receipt Review (back side of this form)		

4. Technical Assistance

Was technical assistance provided to this vendor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date information recorded in KWIC system: _____		

5. Follow-Up**YES****NO**

Is a follow-up visit needed to verify compliance?

☐☐

If yes, date follow-up will be conducted: _____

If yes, date completed follow-up was recorded in KWIC system: _____

6. Sanctions and Contract Violations:

Does the vendor have less than 10 contract violations in the previous year? _____

How many letters did the LA issue to this vendor during the past year? _____

How many complaints were lodged against this vendor during the past year? _____

How many WIC clients redeemed checks at this vendor in the month of May 2006? _____

7. Store Ownership

Type of Ownership:

☐ Sole Proprietorship☐ Partnership☐ Cooperative☐ Publicly Owned Corporation☐ Privately Held Corporation☐ Government Owned (commissary)*If the store is a publicly owned corporation, privately held corporation, or government owned, go to #8.*

Print the primary owner (s) name, address and phone number.

Owner: _____

Owner: _____

8. Is this store a franchise?

Enter the name, address and zip code of the parent corporation or franchise.

9. Primary Wholesaler: Please indicate the vendor's primary wholesaler.☐

Affiliated Foods, KS

☐

Affiliated Foods, NE

☐

Affiliated Foods, TX

☐

Associated Wholesale Grocers (AWG) KS

☐

Associated Wholesale Grocers (AWG) MO

☐

Hy-Vee Warehouse Charitan

☐

Nash Finch

☐

Peyton's Fountain (Dillon's Stores)

☐

Target Distribution Center #3803 KS

☐

Wal-Mart Distribution Center #6065 MO

If primary wholesaler is not listed above, please print the name, complete address, and phone number below:

10. Infant Formula Wholesaler: If the vendor receives infant formula from a source other than their primary wholesaler, please print the name, phone number and complete address of the distributor below:**11. Sales Information:** Vendor's must provide supporting documentation for the sales information provided. Federal Regulations 7 CFR Part 246.12 (g)(4)(i) requires a State agency to collect annual food sales data from authorized vendors and vendor applicants in order to identify the vendors that derive more than 50 percent of their food sales revenue from WIC food instruments.

Annual Gross Sales for the vendor's most current fiscal year (include year):

\$ _____

Year: _____

Annual Edible Sales for the vendor's most current fiscal year (include year):

\$ _____

Year: _____

Check Review

Check Number	Signature Present	Actual Purchase Date Appropriate	Correct Foods Sold (As per check)	Vendor Stamp Present	Comments
1.	Y N	Y N	Y N	Y N	
2.	Y N	Y N	Y N	Y N	
3.	Y N	Y N	Y N	Y N	
4.	Y N	Y N	Y N	Y N	
5.	Y N	Y N	Y N	Y N	

Follow up action is required if any checks are found to be altered, missing information or illegible.

Check Number	Describe alterations, what information is missing or illegible	Follow-up Action taken by LA

Receipt Review

(If receipts provide specific transaction information.)

Check Number	Appropriate Foods Purchased		Identifiable as a WIC transaction		Tax charged	
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO